



## Highland Parks and Recreation Summer Camp Counselor Application

*Please return to Highland Parks & Recreation Department in person during business hours: 8am-10pm Monday through Saturday, by mail: 2450 Lincoln Street, Highland, IN 46322 or by fax: (219) 972-7584.*

### **Section 1: Background Information**

Name: \_\_\_\_\_ Are You Over 18? Yes No Grade: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### **Section 2: Motivation/Interest**

Why do you want to lead the summer camp program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What strengths would you bring to the program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think would be the biggest challenge as a Camp Counselor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this experience contribute to your future goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Section 3: Leadership**

Describe Your Leadership Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What traits/skills do you think are important for working with children? \_\_\_\_\_

\_\_\_\_\_

\*Applicants May Be Subject to a Criminal Background Check.

#### **Section 4: Experience as a Counselor**

Have you ever been a camp counselor or participated in a summer camp program? Yes No

Briefly describe the duration and type of camp: \_\_\_\_\_

\_\_\_\_\_

What did you like most about camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What changes would you like to make to the camp program you participated in? \_\_\_\_\_

\_\_\_\_\_

Only applicants that have returned this completed application will be considered. To arrange a mutually convenient date and time for an interview please specify day/times you are available.

Camp Counselors are required to work before and after care at least once per week. Regular camp hours are 8:30 am – 4:30 pm. Before camp care hours are 7 am – 8:30 am. From 4:30 pm to 5:30 pm after camp care is offered. Session I: June 8-26, Session II: June 29-July 17, Session III: July 20-August 7.

Are you available for the duration of all three sessions? Yes No

If no, indicate your availability.

Mandatory training/planning sessions will be held June 4 – 6 between 8:30 am – 4:30 pm.

Will you be able to attend these training sessions without any conflict? Yes No

If no, what is your conflict?

Additional information that you feel necessary to share in regards to your ability to perform the functions of the Camp Counselor position:

#### **Reference 1:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **Reference 2:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **Reference 3:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*Applicants May Be Subject to a Criminal Background Check.